



MAR 7 2013

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## 510(k) Summary

Date Submitted: January 23<sup>rd</sup>, 2013

This 510(k) summary is being submitted in accordance with the requirements of 21 CFR 807.92(e).

- A. Submitter:  
 MedShape, Inc.  
 1575 Northside Drive, Suite 440  
 Atlanta, Georgia 30318
- B. Company Contact:  
 Jack Griffis  
 Vice President, Research & Development  
 (678) 235-3311 (direct)  
 (404) 249-9158 (fax)  
[jack.griffis@medshape.com](mailto:jack.griffis@medshape.com)
- C. Device Information:  
 Trade Name(s): *Eclipse™* Soft Tissue Fastener with (optional) pre-loaded ForceFiber® Sutures  
  
 Common Name(s): Fastener, Fixation, bone, non-degradable  
 Suture, Non-absorbable, Synthetic, Polyethylene
- D. Classification Name: Fastener, Fixation, Non-degradable, Soft Tissue  
 HWC/MBI 21 CFR 888.3040  
  
 Suture, Non-absorbable, Synthetic, Polyethylene  
 GAT 21 CFR 878.500
- E. Predicate Device(s):  
 Arthrex® Tenodesis Screws, K051726  
 MedShape, Inc., *ExoShape®* Soft Tissue Anchor, K101808
- F. Physical Description:  
 The proposed *Eclipse™* Soft Tissue Fastener is a sterile, single use, orthopedic implant intended to be used for fixation of tissue including ligament or tendon to bone and bone tendon bone. The *Eclipse™* Soft Tissue Fastener is designed to use the principles of interference fit to reattach soft tissue intended for insertion into a hole created in bone.  
  
 The *Eclipse™* Soft Tissue Fastener body is comprised of an implant grade PEEK sleeve and implant grade PEEK insert. The outer sleeve is expanded into the bone hole, compressing the soft tissue against the bone wall; fastening it into place.

G. Indications for Use:

The *Eclipse*™ Soft Tissue Fastener is indicated for fixation of soft tissue to bone in the shoulder, foot/ankle, knee, hand/wrist and elbow in the following procedures:

- Shoulder: Rotator Cuff Repairs, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction
- Foot/Ankle: Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair, Hallux Valgus Reconstruction, Mid-foot Reconstruction, Metatarsal Ligament Repair, Flexor Hallucis Longus for Anchiles Tendon Reconstruction and Tendon Transfers
- Knee: Cruciate Ligament Repair, Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Patellar Tendon Repair, Posterior Oblique Ligament Repair, Iliotibial Band Tenodesis
- Hand/Wrist: Scapholunate Ligament Reconstruction, Ulnar Collateral Ligament Reconstruction, Radial Collateral Ligament Reconstruction, Carpometacarpal Joint Arthroplasty (basal thumb joint arthroplasty), Carpal Ligament Reconstructions and Repairs and Tendon Transfers
- Elbow: Biceps Tendon Reattachment and Ulnar or Radial collateral Ligament Reconstruction

H. Comparison of Technological Characteristics:

The *Eclipse*™ Soft Tissue Fastener is substantially equivalent in function and intended use to the following predicate devices:

*Arthrex® Tenodesis Screws, K051726*

*MedShape, Inc., ExoShape® Soft Tissue Anchor, K101808*

All fasteners are comprised of implant grade PEEK. All fasteners have the same indications for use. In addition, functional performance testing has been conducted in Sawbone® bone analogue. This testing included monotonic soft tissue fixation strength (pull-to-failure) and other dimensional verification and material safety testing (both bio and MRI compatibility). Analysis of the results supports the conclusion that the proposed device is substantially equivalent to the predicate devices.

  
Jack Griffis

1/23/13

Vice President, Research & Development



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

March 7, 2013

MedShape, Incorporated  
% Mr. Jack Griffis  
Vice President, Research and Development  
1575 Northside Drive Northwest, Suite 440  
Atlanta, Georgia 30318

Re: K123350

Trade/Device Name: Eclipse™ Soft Tissue Fastener  
Regulation Number: 21 CFR 888.3040  
Regulation Name: Smooth or threaded metallic bone fixation fastener  
Regulatory Class: Class II  
Product Code: MBI, GAT  
Dated: January 24, 2013  
Received: February 4, 2013

Dear Mr. Griffis:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA).

You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**ErinFDKeith**

Mark N. Melkerson  
Director  
Division of Orthopedic Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use

510(k) Number: 123350

Device Name: *Eclipse™* Soft Tissue Fastener

### Indications for Use:

The MedShape, Inc., *Eclipse™* Soft Tissue Fastener is intended for fixation of soft tissue to bone in the shoulder, foot/ankle, knee, hand/wrist and elbow in the following procedures:

- Shoulder: Rotator Cuff Repairs, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction
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- Knee: Cruciate Ligament Repair, Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Patellar Tendon Repair, Posterior Oblique Ligament Repair, Iliotibial Band Tenodesis
- Hand/Wrist: Scapholunate Ligament Reconstruction, Ulnar Collateral Ligament Reconstruction, Radial Collateral Ligament Reconstruction, Carpometacarpal Joint Arthroplasty (basal thumb joint arthroplasty), Carpal Ligament Reconstructions and Repairs and Tendon Transfers
- Elbow: Biceps Tendon Reattachment and Ulnar or Radial collateral Ligament Reconstruction

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF  
NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

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Casey L. Hanley, Ph.D.

  
Division of Orthopaedic Devices